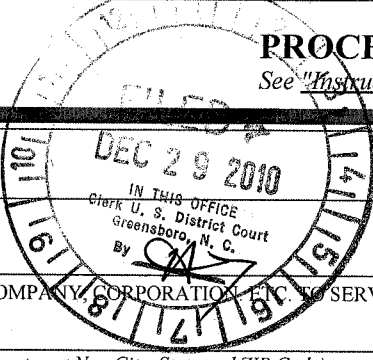


U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF HASSIE-DEMOND NOWLIN		COURT CASE NUMBER 1:10CV857
DEFENDANT NEW MILLENNIUM		TYPE OF PROCESS COMPLAINT/SUMMONS

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
NEW MILLENNIUM
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
57 LIVINGSTON AVE., NEW BRUNSWICK, NJ 08901

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW HASSIE-DEMOND NOWLIN 2020 ANTHONY COURT GREENSBORO, NC 27406	Number of process to be served with this Form 285	1
	Number of parties to be served in this case	1
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: John S. Brubaker	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 336-332-6000	DATE 11/19/10
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 57	District to Serve No. 50	Signature of Authorized USMS Deputy or Clerk S. Cummings	Date 11/23/10
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date 12/16/10	Time <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
		Signature of U.S. Marshal or Deputy Susan Cummings

Service Fee 8.00	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges 8.00	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) 8.00 \$0.00
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REMARKS: cm 12/18/10 7009-0820-0000-2457-16642
12/10/10 Postal Receipt Returned Signed

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p>New Millennium 57 Livingston Ave New Brunswick, NJ 08901</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>[Signature]</i></p>	
		<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>YES, enter delivery address below:</p> <p><i>[Signature]</i></p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number</p> <p>(Transfer from service lab)</p>		<p>7009 0820 0000 2457 6648</p>	
<p>PS Form 3811, February 2004 10/857 Domestic Return Receipt 102595-02-M-1540</p>			